

**Application Data Sheet****Application Information**

**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::** None  
**Computer Readable Form (CRF)?::** No  
**Title::** NOVEL ESTER DERIVATIVES OF BUPRENORPHINE  
AND THEIR PREPARATION PROCESSES, AND LONG  
ACTING ANALGESTIC PHARMACEUTICAL  
COMPOSITIONS  
**Attorney Docket Number::** 089048-0299  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 1  
**Total Drawing Sheets::** 29  
**Small Entity?::** No  
**Petition included?::** No  
**Secrecy Order in Parent Appl.?::** No

**Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Taiwanese  
**Status::** Full Capacity  
**Given Name::** Jhi-Joung  
**Family Name::** WANG  
**City of Residence::** Yung Tang City  
**Country of Residence::** Tainan  
**Street of mailing address::** No. 901, Chung Hwa Road,  
Yung Kang City  
Tainan  
**Country of mailing address::** Taiwan

**Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@FoleyLaw.com

**Representative Information**

|   |       |  |
|---|-------|--|
| <b>Representative Customer Number::</b> | 22428 |  |
|---|-------|--|

**Domestic Priority Information**

|                      |                          |                             |                             |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
| This Application     | Division of              | 10/291,614                  | 11/12/2002                  |

**Foreign Priority Information**

|                  |                             |                      |                           |
|------------------|-----------------------------|----------------------|---------------------------|
| <b>Country::</b> | <b>Application number::</b> | <b>Filing Date::</b> | <b>Priority Claimed::</b> |
|                  |                             |                      |                           |

**Assignee Information**

**Assignee name::** CHI MEI FOUNDATION MEDICAL CENTER